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PTO/SB/01 (8-96)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration OR
Submitted
with Initial Filing ☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number SERVIER 480 PCT

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ORODISPERSIBLE PHARMACEUTICAL COMPOSITION OF AN ANTITHROMBOTIC
COMPOUND.

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

07/16/2004

as United States Application Number or PCT International

Application Number PCT/FR2004/001866 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
03.08780	FRANCE	07/18/2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

USPT

2/3

18886.5r

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DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **CUSTOMER NUMBER 25,666**

Name	Registration Number	Name	Registration Number
G. PATRICK SAGE	37,710		
MICHELE CUDAHY	55,093		
KATHERINE WEILAND	56,942		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to: **THE FIRM OF HUESCHEN AND SAGE**

Name			
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Country	USA	Telephone	269 382 0030
		Fax	269 382 2030

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Patrick	Middle Initial		Family Name	WUTHRICH	Suffix e.g. Jr.	
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Inventor's Signature	PATRICK WUTHRICH <i>P. Wuthrich</i>	Date	December 23, 2005
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Residence: City	ORLEANS (France)	State		Country	FRANCE	Citizenship	CH
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Post Office Address	
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City	ORLEANS (France)	State	FR	Zip	45000	Country	FRANCE
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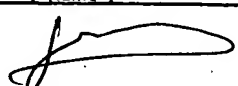
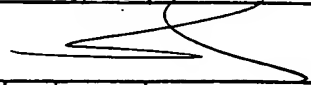
☒ Additional inventors are being named on supplemental sheet(s) attached hereto

USA
8/3
1886.51

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet											
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Hervé				Middle Initial				Family Name		ROLLAND				Suffix e.g. Jr.					
Inventor's Signature		Hervé ROLLAND 								Date		December 23, 2005									
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Post Office Address																					
City		OLIVET (France)				State		FR		Zip		45160				Country		FRANCE			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Marc				Middle Initial				Family Name		JULIEN				Suffix e.g. Jr.					
Inventor's Signature		Marc JULIEN 								Date		December 23, 2005									
Residence: City		SIGLOY (France)				State		FR		Country		FRANCE				Citizenship		FR			
Post Office Address		117 route de Marmain																			
Post Office Address																					
City		SIGLOY (France)				State		FR		Zip		45110				Country		FRANCE			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.					
Inventor's Signature										Date											
Residence: City						State				Country						Citizenship					
Post Office Address																					
Post Office Address																					
City						State				Zip						Country					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.					
Inventor's Signature										Date											
Residence: City						State				Country						Citizenship					
Post Office Address																					
Post Office Address																					
City						State				Zip						Country					

☐ Additional inventors are being named on supplemental sheet(s) attached hereto